

INTER-AGENCY STANDING COMMITTEE
81ST WORKING GROUP MEETING

15. How the System Responds to Level 3 Emergencies

14-16 March 2012

UN World Food Programme
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HQ level - Step 1: Initial Analysis & Decision

1. Large-scale, sudden-onset crisis occurs.
2. ERC receives from OCHA , within 18 hours of the event, an initial assessment of the situation, based on:
 - (a) Review of secondary sources;
 - (b) Initial status report from Humanitarian Coordinator & Humanitarian Country Team¹;
 - (c) Consultation with authorities of affected state;
 - (d) Bilateral ad hoc consultation with IASC partners at HQ level; and
 - (e) Review of pre-existing contingency plan & national preparedness plan (where applicable).
3. ERC convenes an IASC Principals meeting within 48 hours of the event, to review assessment and consider :
 - (a) Extent of emergency and priority needs identified (including protection and critical cross-cutting issues);
 - (b) Capacity of national authorities to respond;
 - (c) Status of humanitarian leadership capacity in-country; and
 - (d) Existence of humanitarian coordination structures in-country.
4. IASC Principals decide whether to designate a Humanitarian System-Wide Emergency ('L3')², based on an analysis of 5 criteria (scale, complexity, urgency, capacity, & reputational risk).
5. ERC informs IASC system accordingly, other relevant partners (SG's Office, UNDG, DPKO/DPA), the RC/HC and HCT, and the authorities of the affected state, explaining the implications of the activation.

HQ level - Step 2: System Activation

¹ Where there is a HC/HCT in place. If not, then from the RC and UNCT, including consultation with non-UN actors in-country (NGOs, IOM, Red Cross & Red Crescent Movement, etc).

² While this decision commits each organization to the procedures outlined, and to deploying the resources and capacity required, it does not prejudice their individual decision to activate *internal* agency-specific procedures or mechanisms.

1. Once an L3 emergency is declared, the IASC Principals decide (at the same meeting) whether existing leadership arrangements at country level are adequate or whether to deploy a Senior/Emergency HC within 72 hours for a 3-month period³. Identifying an appropriate candidate from the pre-established L3 roster of HCs, the Principals agree on his/her ToRs, reporting lines, and & other deployment modalities⁴.
2. The L3 declaration also triggers the deployment of the Inter-Agency Rapid Response Mechanism (IARRM) within 72 hours, to support in-country capacity and fulfill key leadership and coordination needs⁵. The IARRM is activated on a 'no regrets' basis⁶. Consideration is given to ensuring that the HC and IARRM deployees have access to adequate logistics, vehicles, and communications capacity.
3. The IARRM entails the deployment of a core team of 'level 3 capable' experienced staff, including⁷:
 - (a) Cluster Coordinators & support staff, including Early Recovery and cross-cutting issue advisors;
 - (b) OCHA staff to provide dedicated support the HC's office;
 - (c) coordinators for logistics and other common humanitarian services;
 - (d) country representatives/directors & core support/technical staff at individual agency level;
 - (e) senior NGO personnel to work with HCT, clusters, & civil society organizations;
 - (f) coordination support for up to 5 sub-national hubs (as required);
 - (g) needs assessment capacity to work on the MIRA, initial strategic plan, and Flash Appeal; and
 - (h) dedicated IM support within clusters plus OCHA staff for inter-cluster IM
4. The ERC decides whether to approve an initial CERF allocation of between \$10-20 million.

Field Level - Step 1: Immediate Response

1. Large-scale, sudden-onset crisis occurs.
2. The first phase of the MIRA (Multi-Cluster Initial Rapid Needs Assessment) is immediately implemented (if necessary remotely), to collect initial data for the Preliminary Scenario Definition (PSD), which forms the basis of the strategic framework for the overall response.
3. The HC as 'empowered leader', with the full support of OCHA, immediately convenes a meeting of (or establishes) the HCT⁸. In coordination with the HCT, the HC is responsible for:

³ Pending the deployment of a Senior/Emergency HC, the existing RC is temporarily assigned HC responsibilities to avoid gaps.

⁴ If the person is to be senior to the RC/HC, or if a UN DPKO/DPA mission exists, the undg Chair and the SG must be consulted.

⁵ Noting that agency-specific initial rapid deployments – and UNDAC team deployment(s) - may have already commenced.

⁶ Agencies commit to deploying senior and experienced staff to fulfill core coordination functions immediately, without waiting for more precise details on exact needs and response plans, and decide at a later date to withdraw surplus staff as required.

⁷ Where this capacity is not already in place, to be determined by each individual agency/Cluster Lead.

- (a) assessing the situation/context, identifying the scale and nature of the priority needs, analyzing the capacity of national authorities and civil society to respond;
 - (b) ensuring as a priority that lives are saved and life-saving assistance and protection is provided;
 - (c) establishing appropriate coordination mechanisms - with the HCT, deciding which clusters need to be established and which organizations have the capacity and expertise to lead them⁹;
 - (d) informing the ERC of the proposed coordination arrangements;
 - (e) mobilizing the humanitarian community to deliver an effective response to identified priority needs, incorporating early recovery elements from an early stage;
 - (f) agreeing on the regularity and content of initial information updates; and
 - (g) determining common advocacy messages for national authorities, donors, & media.
4. The HC leads the initial strategic planning process with the HCT, to produce a plan within 5 days¹⁰:
- (a) deciding on the overall strategic direction of the response, based on the outputs of the PSD and pre-existing analysis (contingency plan, etc) and in consultation with national authorities to the extent possible, developing a shared strategic vision with the HCT (including the scope of the response);
 - (b) agreeing priority strategic objectives for the first 3 months of the response, and where consensus is not possible, deciding unilaterally on response priorities (including sequencing);
 - (c) outlining priorities across key sectors, specifying the target caseload, types of need identified, and types of interventions required, as well as roles and responsibilities; and
 - (d) identifying limitations of the response (capacity and resources), and agreeing with the HCT on how to mitigate key challenges (access, security, capacity gaps).

Field Level - Step 2: Ongoing Response

1. The HC leads the development of more detailed, operational level joint planning, expanding on the Initial Strategic Plan and leading towards the development of the Flash Appeal, within 7-10 days, including:
 - (a) articulating humanitarian needs, priority sectors for the response, and sectoral response plans, in consultation with national authorities (to the extent possible);
 - (b) approving cluster strategies and objectives, and based on recommendations by the clusters and HCT, approving or rejecting cluster projects proposed for incorporation in the Flash Appeal;

⁸ The definition of empowered leadership applies to any HC, whether an existing RC who has been temporarily assigned HC responsibilities, a new HC who has been deployed in parallel to an existing RC, or an L3 roster deployee (Senior/Emergency HC).

⁹ In accordance with updated guidance on cluster activation, noting that coordination mechanisms established should take into account the specific field context, and the decision to activate clusters should be needs-driven rather than automatic.

¹⁰ In the case where a Senior/Emergency HC is being deployed to supplement leadership arrangements in-country, the existing leadership (ex. RC) leads the initial strategic planning process, handing over to the Senior/Emergency HC on his/her arrival.

- (c) defining key performance indicators against which the HC, the HCT, clusters, and operational partners are held accountable; and
 - (d) developing a common monitoring framework, including core indicators, linked to cluster monitoring.
2. The HC, in close collaboration with the HCT, is subsequently responsible for:
- (a) monitoring the achievement of the targets within the strategic plan (strategic & operational objectives), maintaining the Humanitarian Dashboard, and adjusting the plan/targets as required;
 - (b) deciding on appropriate sanctions for non-performance at HCT, Cluster Lead Agency, and Cluster Coordinator levels;
 - (c) ensuring the coherence of information, establishing appropriate mechanisms for information to systematically inform HC/HCT decision-making;
 - (d) agreeing on common reporting formats and processes, including situation reports;
 - (e) leading the process of analysis and information dissemination to target audiences, and developing common advocacy strategy and key messaging; and
 - (f) requesting additional support from HQ as required.
3. The HC is also responsible for ensuring that resources are used as effectively and efficiently as possible, and in this context, leads the resource mobilization and allocation process in line with the strategic plan. The HC:
- (a) submits an initial CERF request, within 7-10 days, based on the preliminary results of the MIRA¹¹;
 - (b) determines CERF funding priorities and ensures an inclusive and transparent process to request clusters to review critical needs and implementation capacity;
 - (c) based on extended authority to make decisions regarding allocation of pooled funds (where these exist), decides which clusters to prioritize, decides how to re-allocate unutilized funds, and may suspend allocations to non-critical activities; and
 - (d) based on the collectively-agreed priorities as outlined in the Flash Appeal, leads advocacy with donors to mobilize adequate resources for the response.
4. To function effectively as ‘empowered leader’ for the duration of the system-wide emergency, the HC:
- (a) has the full support of the HCT, with clearly defined mutual accountability, including Cluster Lead Agencies reporting directly to the HC on progress and achievements made towards cluster objectives and their commitments made under the Strategic Plan¹²; and
 - (b) is accountable to the ERC, and reports against one compact covering all aspects of his/her work.

HQ level - Step 3: Follow-Up/Support

1. ERC convenes an IASC Principals meeting within 7-10 days to review mechanisms in place at country level, in consultation with the field, and to decide whether adjustments

¹¹ If there has been an initial CERF allocation within days of the crisis, then there will not be a subsequent CERF request until after the Flash Appeal is revised.

¹² While continuing to report directly to their own agency HQs, including on agency-specific issues.

are required, in terms of Level 3 activation, senior leadership, coordination structures, and strategic/operational issues requiring HQ intervention.

2. IASC agencies constantly monitor the field level response, offering additional support (technical expertise, supplementary cluster coordination capacity, etc) as required, in consultation with HCT members.
3. ERC and IASC Principals expedite relevant procedures at HQ level to ensure swift and effective response in the field (including cluster activation, CERF allocation(s), Flash Appeal launch, replacement of non-performing cluster/agency leadership, etc).
4. An IASC Real-Time Evaluation is automatically triggered once an L3 emergency is declared, and an evaluation team is deployed to the field to initiate this process no later than 90 days after the declaration.
5. ERC and IASC Principals provide guidance on the completion of the System-Wide Emergency Activation and the implications this has at field level (including clarity on exit strategies and ensuring seamless transition from surge staff, etc).

Prepared by: IASC Secretariat 9 March 2012